| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11911401** | **03/12/2019** |
| NAME OF PROVIDER OR SUPPLIER<br>**SANTA BARBARA HOME I** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**3319 SW 24 TERRACE**<br>**MIAMI, FL 33145** | |

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

**0000 - Initial Comments**

A Complaint survey (CCR #2019003265) was conducted on 03/07/2019 and concluded on 03/12/2019. Santa Barbara Home I with limited mental health component had no deficiencies identified at the time of the survey.